

**Second Regular Session  
Sixty-eighth General Assembly  
STATE OF COLORADO**

**INTRODUCED**

LLS NO. 12-0634.01 Kristen Forrestal x4217

**HOUSE BILL 12-1221**

---

**HOUSE SPONSORSHIP**

**Liston**, Kerr J., Balmer, Miklosi, Summers, Swalm, Williams A.

**SENATE SPONSORSHIP**

**Tochtrop**, Boyd, Morse

---

**House Committees**  
Economic and Business Development

**Senate Committees**

---

**A BILL FOR AN ACT**

101     **CONCERNING BILLING FOR ANATOMIC PATHOLOGY SERVICES.**

---

**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)*

The bill requires clinical laboratories and physicians that provide anatomic pathology services to submit claims for payment for pathology services only to the patient; the insurance carrier; the hospital or clinic that ordered the service, or the referring laboratory, unless the laboratory is from a physician's office or group practice that does not perform the professional component of the anatomic pathology service; or a

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.  
Dashes through the words indicate deletions from existing statute.*

governmental agency on behalf of the recipient of services.

Licensed health care practitioners are prohibited from charging for anatomic pathology services unless the services were personally delivered by the practitioner or under the direct supervision of the practitioner. Laboratories that refer to another physician or laboratory for consultation or histologic processing are exempt from the personal delivery and direct supervision requirement, unless the laboratory that makes the referral does not perform the professional component of the service.

The term "anatomic pathology services" is defined to include histopathology or surgical pathology, cytopathology, hematology, subcellular pathology or molecular pathology, and blood-banking services performed by pathologists.

---

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 10-16-138 as  
3 follows:

4 **10-16-138. Pathology services - direct billing required.** (1) A  
5 CLINICAL LABORATORY OR PHYSICIAN THAT IS LOCATED IN THIS STATE OR  
6 IN ANOTHER STATE, AND THAT PROVIDES ANATOMIC PATHOLOGY SERVICES  
7 FOR PATIENTS IN THIS STATE, SHALL PRESENT OR CAUSE TO BE PRESENTED  
8 A CLAIM, BILL, OR DEMAND FOR PAYMENT FOR THESE SERVICES ONLY TO:

9 (a) THE PATIENT;

10 (b) THE RESPONSIBLE INSURANCE CARRIER OR OTHER THIRD-PARTY  
11 PAYER;

12 (c) THE HOSPITAL, PUBLIC HEALTH CLINIC, OR NONPROFIT HEALTH  
13 CLINIC ORDERING SUCH SERVICES;

14 (d) THE REFERRING LABORATORY, EXCLUDING A LABORATORY OF  
15 A PHYSICIAN'S OFFICE OR GROUP PRACTICE THAT DOES NOT PERFORM THE  
16 PROFESSIONAL COMPONENT OF THE ANATOMIC PATHOLOGY SERVICE FOR  
17 WHICH SUCH CLAIM, BILL, OR DEMAND IS PRESENTED; OR

18 (e) A GOVERNMENTAL AGENCY OR ITS SPECIFIED PUBLIC OR  
19 PRIVATE AGENT, AGENCY, OR ORGANIZATION ON BEHALF OF THE RECIPIENT

1 OF THE SERVICES.

2 (2) EXCEPT FOR A PHYSICIAN AT A REFERRING LABORATORY THAT  
3 HAS BEEN BILLED PURSUANT TO SUBSECTION (6) OF THIS SECTION, NO  
4 LICENSED PRACTITIONER IN THE STATE MAY, DIRECTLY OR INDIRECTLY,  
5 CHARGE, BILL, OR OTHERWISE SOLICIT PAYMENT FOR ANATOMIC  
6 PATHOLOGY SERVICES UNLESS THE SERVICES WERE RENDERED  
7 PERSONALLY BY THE LICENSED PRACTITIONER OR UNDER THE LICENSED  
8 PRACTITIONER'S DIRECT SUPERVISION IN ACCORDANCE WITH SECTION 353  
9 OF THE "PUBLIC HEALTH SERVICE ACT", 42 U.S.C. SEC. 263a.

10 (3) A PATIENT, INSURER, THIRD-PARTY PAYER, HOSPITAL, PUBLIC  
11 HEALTH CLINIC, OR NONPROFIT HEALTH CLINIC IS NOT REQUIRED TO  
12 REIMBURSE A LICENSED PRACTITIONER FOR CHARGES OR CLAIMS  
13 SUBMITTED IN VIOLATION OF THIS SECTION.

14 (4) NOTHING IN THIS SECTION REQUIRES THE ASSIGNMENT OF  
15 BENEFITS FOR ANATOMIC PATHOLOGY SERVICES.

16 (5) FOR PURPOSES OF THIS SECTION, "ANATOMIC PATHOLOGY  
17 SERVICES" MEANS:

18 (a) HISTOPATHOLOGY OR SURGICAL PATHOLOGY, MEANING THE  
19 GROSS AND MICROSCOPIC EXAMINATION PERFORMED BY A PHYSICIAN OR  
20 UNDER THE SUPERVISION OF A PHYSICIAN, INCLUDING HISTOLOGIC  
21 PROCESSING;

22 (b) CYTOPATHOLOGY, MEANING THE MICROSCOPIC EXAMINATION  
23 OF CELLS FROM THE FOLLOWING:

- 24 (I) FLUIDS;
- 25 (II) ASPIRATES;
- 26 (III) WASHINGS;
- 27 (IV) BRUSHINGS; OR

1 (V) SMEARS, INCLUDING THE PAP TEST EXAMINATION PERFORMED  
2 BY A PHYSICIAN OR UNDER THE SUPERVISION OF A PHYSICIAN;

3 (c) HEMATOLOGY, MEANING THE MICROSCOPIC EVALUATION OF  
4 BONE MARROW ASPIRATES AND BIOPSIES PERFORMED BY A PHYSICIAN, OR  
5 UNDER THE SUPERVISION OF A PHYSICIAN, AND PERIPHERAL BLOOD  
6 SMEARS WHEN THE ATTENDING OR TREATING PHYSICIAN OR  
7 TECHNOLOGIST REQUESTS THAT A BLOOD SMEAR BE REVIEWED BY A  
8 PATHOLOGIST;

9 (d) SUBCELLULAR PATHOLOGY OR MOLECULAR PATHOLOGY,  
10 MEANING THE ASSESSMENT OF A PATIENT SPECIMEN FOR THE DETECTION,  
11 LOCALIZATION, MEASUREMENT, OR ANALYSIS OF ONE OR MORE PROTEIN  
12 OR NUCLEIC ACID TARGETS; AND

13 (e) BLOOD-BANKING SERVICES PERFORMED BY PATHOLOGISTS.

14 (6) THIS SECTION DOES NOT PROHIBIT BILLING OF A REFERRING  
15 LABORATORY FOR ANATOMIC PATHOLOGY SERVICES IN INSTANCES WHERE  
16 A SAMPLE OR SAMPLES MUST BE SENT TO ANOTHER PHYSICIAN OR  
17 LABORATORY FOR CONSULTATION OR HISTOLOGIC PROCESSING. THE TERM  
18 "REFERRING LABORATORY" DOES NOT INCLUDE A LABORATORY OF A  
19 PHYSICIAN'S OFFICE OR GROUP PRACTICE THAT DOES NOT PERFORM THE  
20 PROFESSIONAL COMPONENT OF THE ANATOMIC PATHOLOGY SERVICE  
21 INVOLVED.

22 (7) THE RESPECTIVE LICENSING BOARD OR THE DIRECTOR OF THE  
23 DIVISION OF REGISTRATIONS IN THE DEPARTMENT OF REGULATORY  
24 AGENCIES THAT HAS JURISDICTION OVER A HEALTH CARE PROVIDER WHO  
25 MAY REQUEST OR PROVIDE ANATOMIC PATHOLOGY SERVICES MAY  
26 REVOKE, SUSPEND, OR DENY RENEWAL OF THE LICENSE OF A HEALTH CARE  
27 PROVIDER WHO VIOLATES THIS SECTION.

1           **SECTION 2. Act subject to petition - effective date.** This act  
2 takes effect at 12:01 a.m. on the day following the expiration of the  
3 ninety-day period after final adjournment of the general assembly (August  
4 8, 2012, if adjournment sine die is on May 9, 2012); except that, if a  
5 referendum petition is filed pursuant to section 1 (3) of article V of the  
6 state constitution against this act or an item, section, or part of this act  
7 within such period, then the act, item, section, or part will not take effect  
8 unless approved by the people at the general election to be held in  
9 November 2012 and, in such case, will take effect on the date of the  
10 official declaration of the vote thereon by the governor.